

Medical Questions by Product

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TERM LIFE INSURANCE

FlexTerm – Underwritten Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

2. In the past 12 months, has your weight changed by more than 9.08 kg (20 lbs) other than due to pregnancy?
3. Are you aware of any signs, symptoms, or abnormal medical tests for which:
(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)
 - a) You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 - b) You are currently being investigated?
 - c) You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 - d) You have consulted a medical specialist without having received a diagnosis?
 - e) You are currently waiting for surgery?
4. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
5. Have you ever been diagnosed with:

Immune System and Infectious Disorder

- a) AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?
- b) Systemic lupus erythematosus (SLE) or any other immunological disorder (such as scleroderma, morphea, or CREST syndrome)?
- c) Infectious disorders (such as Lyme disease, sexually transmitted infections, or unexplained infections)? You don't need to tell us about uncomplicated and fully recovered COVID-19.

Nervous System

- d) Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

Cardiovascular System

- e) Cardiomyopathy or congestive heart failure?

Gastro-Intestinal System

- f) Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?

Respiratory System

- g) Cystic fibrosis?

6. In the past 10 years, have you been diagnosed with, hospitalized for, received treatments (including treatment with any prescribed medication) for, or had any known indication of:

Nervous System

- a) Convulsions, seizures, epilepsy, recurrent or severe headaches, multiple sclerosis, Parkinson's disease, tremors, memory loss, paralysis, numbness, or weakness?
- b) Disorder or injury of the brain, developmental delay, or other neurological disorder (such as autism spectrum disorder or Down's syndrome)?

Cardiovascular System

- c) Cerebrovascular accident (stroke), transient ischemic attack (TIA or mini-stroke), heart murmur, high blood pressure, abnormal cholesterol levels, palpitations, arrhythmia (irregular heartbeat such as atrial fibrillation/flutter, tachycardia, bradycardia, supraventricular tachycardia, ventricular fibrillation, ectopic beats), chest pains, angina, heart attack (myocardial infarction), heart disease or any other disorder of the heart?

Gastro-Intestinal System

- d) Disorder of the stomach (such as gastroesophageal reflux disease (GERD) or ulcer), liver, pancreas, gallbladder, or intestines (such as colon polyps, Crohn's disease, ulcerative colitis, or rectal bleeding), hepatitis B or C, or chronic diarrhea? You don't need to tell us about hemorrhoids or gallstones when the diagnosis has been confirmed by your doctor.

If YES, complete and attach the Gastro-Intestinal Questionnaire (3894).

Respiratory System

- e) Sleep apnea or respiratory or lung disorder (such as asthma, chronic obstructive pulmonary disorder (COPD), emphysema, or sarcoidosis)?

If YES, complete and attach the Respiratory Disorder Questionnaire (3907).

Musculoskeletal System

- f) Disorder or injury of the muscles, bones, back, neck, or joints (such as fibromyalgia, arthritis, osteoporosis, knee disorders, Carpal Tunnel Syndrome, or muscular dystrophy)? You need to tell us about rheumatoid arthritis if not already declared.

If YES, complete and attach the Musculoskeletal Disorder Questionnaire (5449).

Genitourinary System

- g) Disorder of the kidneys (such as stones, chronic kidney disease, polycystic kidney disease (PKD), or glomerulonephritis), ureter, bladder (such as stones, blood in urine, or abnormal urinalysis), prostate, or genital or reproductive organs? You don't need to tell us about uncomplicated urinary tract infection when the diagnosis has been confirmed by your doctor.

Tumor and Cancer

- h) Leukemia, cancer, lymphoma, melanoma, tumor, cyst, lump, nodule, or any other abnormal cells or growth? If not previously declared in this application, you need to tell us about any abnormal breast lump or cyst, abnormal breast discharge or change in appearance, abnormal breast imaging, or abnormal PAP test.

Endocrine System

- i) Diabetes, pre-diabetes, impaired glucose tolerance, or disorder of the glands, the endocrine system, or the lymph nodes? You don't need to tell us about controlled hypothyroidism.

Mental Health

- j) Adjustment disorder, anxiety, depression, bipolar disorder, post-traumatic stress disorder, schizophrenia, eating disorder, attention deficit disorder, chronic fatigue, or suicidal thoughts or attempts, or any other psychological, emotional, or mental health disorder?

If YES, complete and attach the Psychological or Nervous Disorder Questionnaire (3900).

Circulatory System

- k) Disorder of the blood vessel (such as peripheral vascular disease or aneurysm) or blood (such as blood clot, anemia, or bleeding disorder)?

Eyes, Ears, Nose, Throat, and Skin

- l) Disorder of the eyes (such as optic neuritis, blindness, or glaucoma and other than corrective lenses), ears (such as deafness or partial deafness), nose, mouth, throat, or skin? You don't need to tell us about acne or eczema.

Question for insured age 50 or under ONLY

7. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: diabetes, cancer, stroke, heart disease, Huntington's disease, polycystic kidney disease (PKD), Alzheimer's, motor neuron disease, Parkinson disease, or any hereditary disease?

Additional questions for face amount of \$500,000 or more for ages 18 to 45 and less than \$2,000,001.

Additional questions for face amount of \$250,000 or more for ages 46 to 50 and less than \$1,000,000.

Additional questions for face amount of \$250,000 or more for ages 51 to 55 and less than \$500,000.

Additional questions for face amount of \$250,000 or more for ages 56 to 60 and less than \$300,001.

8. Other than previously declared in this application, have you ever been diagnosed with:
- a) Leukemia, cancer (other than basal cell carcinoma), lymphoma, melanoma, or tumor?
 - b) Angina, heart attack (myocardial infarction), heart disease such as heart murmur, palpitations, arrhythmia (irregular heartbeat), or other heart disorder?
 - c) Cerebrovascular accident (stroke) or transient ischemic attack (TIA or mini-stroke)?
 - d) Glomerulonephritis or connective tissue disease?
9. Other than previously declared in this application, in the past 2 years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

Part B - Lifestyle Assessment

10. In the past 2 years, have you used cannabis (such as marijuana or hashish) more than 3 times per week?
11. In the past 10 years, have you used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.
If YES, complete and attach the Drug Use Questionnaire (3887).
12. Have you ever been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?
If YES, complete and attach the Drug and Alcohol Usage Questionnaire (6559).
13. In the past 10 years, have you been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not been rendered?
If YES, complete and attach the Criminal Activity Questionnaire (5337).
14. In the past 5 years, have you been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?
If YES, complete and attach the Driving Record Questionnaire (4018).
15. In the past 2 years, have you received more than 3 tickets for moving violations, or had your license suspended or revoked?
If YES, complete and attach the Driving Record Questionnaire (4018).
16. In the past 2 years, have you engaged in any hazardous sports or activities or made aerial flights other than as a fare paying passenger or do you intend to engage in such sports, activities, or aerial flights?
If YES, complete and attach the Hazardous Sports/Activities Questionnaire (6816).
17. Have you resided outside Canada in the past 12 months, or do you expect or plan to travel or reside outside North America, the Caribbean (excluding Haiti), or Western Europe in the next 12 months?
If YES, complete and attach the Foreign Travel/Residency Questionnaire (3893).

Part C - Other Information

18. In the past 5 years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)? You don't need to tell us about health and dental insurance.

Additional question for face amount of \$500,000 or more for ages 18 to 60 and less than \$3,000,001.

Additional question for face amount of \$250,000 or more for ages 61 to 69 and less than \$3,000,001.

Additional question for face amount of \$250,000 or more for ages 70 to 80 and less than \$2,000,001.

19. Is the total amount of life insurance applied for and in force more than 20 times your annual salary?

Platinum Protection Term – Simplified Issue Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	192	87	5' 6"	168	247	112	6' 2"	188	310	141
4' 11"	150	198	90	5' 7"	170	254	115	6' 3"	191	318	144
5' 0"	152	205	93	5' 8"	173	262	119	6' 4"	193	326	148
5' 1"	155	212	96	5' 9"	175	270	122	6' 5"	196	334	151
5' 2"	157	219	99	5' 10"	178	278	126	6' 6"	198	342	155
5' 3"	160	226	103	5' 11"	180	286	130	6' 7"	201	350	159
5' 4"	163	233	106	6' 0"	183	294	133	6' 8"	203	358	162
5' 5"	165	240	109	6' 1"	185	302	137	6' 9"	206	366	166

2. Are you currently:
- Admitted to a hospital?
 - Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
3. In the past 12 months, has your weight decreased by more than 9.08 kg (20 lbs) other than due to pregnancy, a bariatric surgery, intentional dieting, or exercise?
4. In the past 6 months, have you undergone a bariatric surgery?
5. Are you aware of any signs, symptoms, or abnormal medical tests for which:
(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)
- You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 - You are currently being investigated?
 - You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 - You have consulted a medical specialist without having received a diagnosis?
 - You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/outpatient surgery)?
6. Have you ever:
- Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
 - Had a pacemaker or implantable cardio-defibrillator (ICD) inserted?
7. Have you ever been diagnosed with:
- Immune System**
- AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?
- Nervous System**
- Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
- Cardiovascular System**
- Congestive heart failure?
- Gastro-Intestinal System**
- Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?
- Respiratory System**
- Cystic fibrosis?

Musculoskeletal System

- f) Muscular dystrophy?
8. Have you ever been diagnosed with diabetes (other than gestational diabetes) and ever had any of the following conditions: heart attack (myocardial infarction), angina, cerebrovascular accident (stroke), peripheral vascular/artery disease, gangrene, amputation related to complications of your diabetes (such as poor circulation or infection), hypoglycemic coma, neuropathy, or nephropathy?
9. In the past 10 years, have you:
- a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - b) Been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for cardiomyopathy or hepatitis B or C?
 - c) Required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
10. In the past 5 years, have you been diagnosed with or hospitalized for:

Nervous System and Mental Health

- a) Convulsions, epilepsy, paralysis, multiple sclerosis, or bipolar disorder?

Cardiovascular System

- b) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
- c) Cerebrovascular accident (stroke) or transient ischemic attack (TIA or mini-stroke)?
- d) Heart murmur or arrhythmia (irregular heartbeat such as atrial fibrillation/flutter, tachycardia, bradycardia, supraventricular tachycardia, ventricular fibrillation, ectopic beats)?

Gastro-Intestinal System

- e) Crohn's disease or ulcerative colitis?

Musculoskeletal System

- f) Rheumatoid arthritis?

Genitourinary System

- g) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?

11. In the past 5 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for any of the following conditions:

Immune System

- a) Scleroderma, morphea, crest syndrome, or Systemic Lupus Erythematosus (SLE)?

Nervous System and Mental Health

- b) Parkinson's disease, schizophrenia, schizoaffective disorder, or psychosis?

Cancer

- c) Leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.
- d) Spinal cord or brain tumor?

12. In the past 2 years, were you prescribed a new medication, received an increase in the dosage in your medication or discontinued a medication for arrhythmia (irregular heartbeat), rheumatoid arthritis, Crohn's disease, ulcerative colitis, epilepsy, multiple sclerosis, or bipolar disorder?
13. In the past 2 years, have you been hospitalized for chronic obstructive pulmonary disease (COPD) or emphysema?
14. In the past 12 months, have you been prescribed oral Prednisone or other oral corticosteroid for any respiratory disorder (such as asthma, pneumonia, tuberculosis, acute and chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, bronchiectasis, occupational respiratory disorder, pulmonary embolism, pulmonary sarcoidosis)? Oral Prednisone or other oral corticosteroid does not include inhalers that may contain Prednisone or another corticosteroid.

Question for insured age 50 or under ONLY

15. Do you have a biological family member (father, mother, brother, sister), who was diagnosed with Huntington's disease or polycystic kidney disease (PKD), and for which you have not been investigated for these diseases?

Part B - Lifestyle Assessment

16. In the past 3 years, have you:
- a) Used cannabis (such as marijuana or hashish) more than 10 times per week?
 - b) Used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.
 - c) Been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?
 - d) Been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not yet been rendered?
 - e) Been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?
17. Is your driver's license currently suspended or revoked as a result of any driving infractions?
18. In the next 12 months, do you expect or plan to engage in any hazardous sports or activities, or aerial flights other than as a fare paying passenger, commercial pilot, or crew member of a commercial flight?
19. In the next 12 months, do you expect or plan to travel outside North America, the Caribbean (excluding Haiti), or Western Europe for more than 12 consecutive weeks?

Golden Protection Term – Simplified Issue Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	206	93	5' 6"	168	264	120	6' 2"	188	330	150
4' 11"	150	213	97	5' 7"	170	272	123	6' 3"	191	339	157
5' 0"	152	220	100	5' 8"	173	280	127	6' 4"	193	348	158
5' 1"	155	227	103	5' 9"	175	288	131	6' 5"	196	357	162
5' 2"	157	234	106	5' 10"	178	296	134	6' 6"	198	366	166
5' 3"	160	241	109	5' 11"	180	304	138	6' 7"	201	375	170
5' 4"	163	248	112	6' 0"	183	312	142	6' 8"	203	384	174
5' 5"	165	256	116	6' 1"	185	321	146	6' 9"	206	393	178

2. Are you currently:

- a) Admitted to a hospital?
- b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?

3. In the past 12 months, has your weight decreased by more than 9.08 kg (20 lbs) other than due to pregnancy, a bariatric surgery, intentional dieting, or exercise?

4. In the past 6 months, have you undergone a bariatric surgery?

5. Are you aware of any signs, symptoms, or abnormal medical tests for which:

(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)

- a) You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
- b) You are currently being investigated?
- c) You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
- d) You have consulted a medical specialist without having received a diagnosis?
- e) You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/outpatient surgery)?

6. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

7. Have you ever been diagnosed with:

Immune System

- a) AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?

Nervous System

- b) Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

Cardiovascular System

- c) Congestive heart failure?

Gastro-Intestinal System

- d) Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?

Respiratory System

- e) Cystic fibrosis?

Musculoskeletal System

- f) Muscular dystrophy?

8. Have you ever been diagnosed with diabetes (other than gestational diabetes) and had any of the following conditions in the past 3 years: heart attack, angina, cerebrovascular accident (stroke), peripheral vascular/artery disease, gangrene, amputation related to complications of your diabetes (such as poor circulation or infection), hypoglycemic coma, neuropathy, or nephropathy?
9. In the past 5 years, have you:
 - a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - b) Been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for cardiomyopathy or hepatitis B or C?
 - c) Required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
10. In the past 3 years, have you been diagnosed with or hospitalized for:
Cardiovascular System
 - a) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - b) Cerebrovascular accident (stroke)?**Genitourinary System**
 - c) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
11. In the past 3 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.
12. In the past 12 months, have you been:
 - a) Hospitalized for chronic obstructive pulmonary disease (COPD) or emphysema?
 - b) Prescribed oral Prednisone or other oral corticosteroid for any respiratory disorder (such as asthma, pneumonia, tuberculosis, acute and chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, bronchiectasis, occupational respiratory disorder, pulmonary embolism, pulmonary sarcoidosis)? Oral Prednisone or other oral corticosteroid does not include inhalers that may contain Prednisone or another corticosteroid.

Part B - Lifestyle Assessment

13. In the past 2 years, have you:
 - a) Used cannabis (such as marijuana or hashish) more than 10 times per week?
 - b) Used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.
 - c) Been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?
 - d) Been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not yet been rendered?
 - e) Been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?

Youth Plus – Underwritten Product

1. Has the Proposed Insured been advised to consult a medical specialist or have any analysis or diagnostic tests which have not yet been undertaken or for which results are not yet known? (Medical specialist does not include a general practitioner.)
2. Was the Proposed Insured born prematurely or with an abnormality or disease?
3. Has the Proposed Insured been hospitalized or undergone any surgery or waiting to be hospitalized or to undergo surgery?
4. Is the Proposed Insured currently undergoing treatment, including medication, or under medical observation?
5. Does the Proposed Insured suffer from any disease, disorder, syndrome or physical or mental condition?
6. Has the Proposed Insured ever used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or has he/she received advice or treatment for alcohol or drug abuse?
If YES, complete and attach the Drug and Alcohol Usage Questionnaire (6559).
7. Has the Proposed Insured ever engaged in any hazardous sports or activities or intend to engage in such sports or activities?
If YES, complete and attach the Hazardous Sports/Activities Questionnaire (6816).
8. Has the Proposed Insured ever been convicted of impaired driving or had any moving violations?
If YES, complete and attach the Driving Record Questionnaire (4018).
9. Has the Proposed Insured ever applied for life insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
10. In regard to the Proposed Insured, has a parent or brother or sister aged 17 years or less requested life insurance or is any of them insured for a lesser amount than the amount requested in this application?
If YES, specify the family member, the amount of insurance in force or proposed amount, and the reason.
11. Does the Proposed Insured live with a person other than a biological or adoptive parent?
If YES, specify.
12. Does the Proposed Insured's weight exceed the weight corresponding to his/her height in the following table?

Current Age: 15 days to 23 months

Age in months	Height				Weight				Age in months	Height				Weight			
	in		cm		lb		kg			in		cm		lb		kg	
	Min	Max	Min	Max	Min	Max	Min	Max		Min	Max	Min	Max	Min	Max	Min	Max
15 days - 1 mth	19	24	48	61	5	14	2	6	9 - 11	24	35	64	89	13	32	6	15
2	20	26	51	66	6	17	3	8	12 - 14	26	37	66	94	14	35	6	16
3	21	28	53	71	8	20	4	9	15 - 17	27	38	69	97	16	38	7	17
4	22	29	56	74	9	22	4	10	18 - 20	28	40	71	102	18	44	8	20
5	23	31	58	79	10	25	5	11	21 - 23	29	42	74	107	19	50	9	23
6 - 8	23	33	61	84	11	29	5	13									

Current Age: 2 to 4 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
2' 6"	76	19	39	9	18	3' 1"	94	25	56	11	25
2' 7"	79	19	41	9	19	3' 2"	97	26	59	12	27
2' 8"	81	20	43	9	20	3' 3"	99	27	62	12	28
2' 9"	84	20	45	9	20	3' 4"	102	29	65	13	30
2' 10"	86	21	47	10	21	3' 5"	104	30	67	14	30
2' 11"	89	22	50	10	23	3' 6"	107	31	69	14	31
3' 0"	91	24	53	11	24	3' 7"	109	32	71	15	32

Current Age: 5 to 8 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
3' 2"	97	27	60	12	27	4' 0"	122	46	92	21	42
3' 3"	99	29	63	13	29	4' 1"	124	48	95	22	43
3' 4"	102	30	66	14	30	4' 2"	127	50	99	23	45
3' 5"	104	32	69	15	31	4' 3"	130	52	102	24	46
3' 6"	107	34	73	15	33	4' 4"	132	54	106	25	48
3' 7"	109	36	76	16	35	4' 5"	135	56	109	25	49
3' 8"	112	38	79	17	36	4' 6"	137	58	113	26	51
3' 9"	114	40	82	18	37	4' 7"	140	60	116	27	53
3' 10"	117	42	85	19	39	4' 8"	142	62	120	28	54
3' 11"	119	44	89	20	40						

Current Age: 9 to 11 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
3' 8"	112	35	77	16	35	4' 6"	137	60	118	27	54
3' 9"	114	37	81	17	37	4' 7"	140	62	123	28	56
3' 10"	117	40	85	18	39	4' 8"	142	65	127	30	58
3' 11"	119	42	89	19	40	4' 9"	145	67	131	30	59
4' 0"	122	45	93	20	42	4' 10"	147	70	135	32	61
4' 1"	124	47	97	21	44	4' 11"	150	72	139	33	63
4' 2"	127	50	102	23	46	5' 0"	152	75	144	34	65
4' 3"	130	52	106	24	48	5' 1"	155	77	148	35	67
4' 4"	132	55	110	25	50	5' 2"	157	80	152	36	69
4' 5"	135	57	114	26	52	5' 3"	160	83	157	38	71

Current Age: 12 to 14 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
4' 4"	132	54	112	25	51	5' 3"	160	87	167	39	76
4' 5"	135	57	117	26	53	5' 4"	163	91	172	41	78
4' 6"	137	60	122	27	55	5' 5"	165	94	177	43	80
4' 7"	140	63	127	29	58	5' 6"	168	97	183	44	83
4' 8"	142	66	132	30	60	5' 7"	170	100	188	45	85
4' 9"	145	69	137	31	62	5' 8"	173	103	193	47	88
4' 10"	147	72	142	33	64	5' 9"	175	106	198	48	90
4' 11"	150	75	147	34	67	5' 10"	178	109	203	49	92
5' 0"	152	78	152	35	69	5' 11"	180	113	208	51	94
5' 1"	155	81	157	37	71	6' 0"	183	117	213	53	97
5' 2"	157	84	162	38	74	6' 1"	185	120	219	54	99

Current Age: 15 years of age and more

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

WHOLE LIFE INSURANCE

Non-Participating Whole Life – Underwritten Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

2. In the past 12 months, has your weight changed by more than 9.08 kg (20 lbs) other than due to pregnancy?
3. Are you aware of any signs, symptoms, or abnormal medical tests for which:
(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)
 - a) You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 - b) You are currently being investigated?
 - c) You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 - d) You have consulted a medical specialist without having received a diagnosis?
 - e) You are currently waiting for surgery?
4. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
5. Have you ever been diagnosed with:

Immune System and Infectious Disorder

- a) AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?
- b) Systemic lupus erythematosus (SLE) or any other immunological disorder (such as scleroderma, morphea, or CREST syndrome)?
- c) Infectious disorders (such as Lyme disease, sexually transmitted infections, or unexplained infections)? You don't need to tell us about uncomplicated and fully recovered COVID-19.

Nervous System

- d) Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

Cardiovascular System

- e) Cardiomyopathy or congestive heart failure?

Gastro-Intestinal System

- f) Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?

Respiratory System

- g) Cystic fibrosis?

6. In the past 10 years, have you been diagnosed with, hospitalized for, received treatments (including treatment with any prescribed medication) for, or had any known indication of:

Nervous System

- a) Convulsions, seizures, epilepsy, recurrent or severe headaches, multiple sclerosis, Parkinson's disease, tremors, memory loss, paralysis, numbness, or weakness?
- b) Disorder or injury of the brain, developmental delay, or other neurological disorder (such as autism spectrum disorder or Down's syndrome)?

Cardiovascular System

- c) Cerebrovascular accident (stroke), transient ischemic attack (TIA or mini-stroke), heart murmur, high blood pressure, abnormal cholesterol levels, palpitations, arrhythmia (irregular heartbeat such as atrial fibrillation/flutter, tachycardia, bradycardia, supraventricular tachycardia, ventricular fibrillation, ectopic beats), chest pains, angina, heart attack (myocardial infarction), heart disease or any other disorder of the heart?

Gastro-Intestinal System

- d) Disorder of the stomach (such as gastroesophageal reflux disease (GERD) or ulcer), liver, pancreas, gallbladder, or intestines (such as colon polyps, Crohn's disease, ulcerative colitis, or rectal bleeding), hepatitis B or C, or chronic diarrhea? You don't need to tell us about hemorrhoids or gallstones when the diagnosis has been confirmed by your doctor.

If YES, complete and attach the Gastro-Intestinal Questionnaire (3894).

Respiratory System

- e) Sleep apnea or respiratory or lung disorder (such as asthma, chronic obstructive pulmonary disorder (COPD), emphysema, or sarcoidosis)?

If YES, complete and attach the Respiratory Disorder Questionnaire (3907).

Musculoskeletal System

- f) Disorder or injury of the muscles, bones, back, neck, or joints (such as fibromyalgia, arthritis, osteoporosis, knee disorders, Carpal Tunnel Syndrome, or muscular dystrophy)? You need to tell us about rheumatoid arthritis if not already declared.

If YES, complete and attach the Musculoskeletal Disorder Questionnaire (5449).

Genitourinary System

- g) Disorder of the kidneys (such as stones, chronic kidney disease, polycystic kidney disease (PKD), or glomerulonephritis), ureter, bladder (such as stones, blood in urine, or abnormal urinalysis), prostate, or genital or reproductive organs? You don't need to tell us about uncomplicated urinary tract infection when the diagnosis has been confirmed by your doctor.

Tumor and Cancer

- h) Leukemia, cancer, lymphoma, melanoma, tumor, cyst, lump, nodule, or any other abnormal cells or growth? If not previously declared in this application, you need to tell us about any abnormal breast lump or cyst, abnormal breast discharge or change in appearance, abnormal breast imaging, or abnormal PAP test.

Endocrine System

- i) Diabetes, pre-diabetes, impaired glucose tolerance, or disorder of the glands, the endocrine system, or the lymph nodes? You don't need to tell us about controlled hypothyroidism.

Mental Health

- j) Adjustment disorder, anxiety, depression, bipolar disorder, post-traumatic stress disorder, schizophrenia, eating disorder, attention deficit disorder, chronic fatigue, or suicidal thoughts or attempts, or any other psychological, emotional, or mental health disorder?

If YES, complete and attach the Psychological or Nervous Disorder Questionnaire (3900).

Circulatory System

- k) Disorder of the blood vessel (such as peripheral vascular disease or aneurysm) or blood (such as blood clot, anemia, or bleeding disorder)?

Eyes, Ears, Nose, Throat, and Skin

- l) Disorder of the eyes (such as optic neuritis, blindness, or glaucoma and other than corrective lenses), ears (such as deafness or partial deafness), nose, mouth, throat, or skin? You don't need to tell us about acne or eczema.

Question for insured age 50 or under ONLY

7. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: diabetes, cancer, stroke, heart disease, Huntington's disease, polycystic kidney disease (PKD), Alzheimer's, motor neuron disease, Parkinson disease, or any hereditary disease?

Additional questions for face amount of \$500,000 or more for ages 18 to 45 and less than \$2,000,001.

Additional questions for face amount of \$250,000 or more for ages 46 to 50 and less than \$1,000,000.

Additional questions for face amount of \$250,000 or more for ages 51 to 55 and less than \$500,000.

Additional questions for face amount of \$250,000 or more for ages 56 to 60 and less than \$300,001.

8. Other than previously declared in this application, have you ever been diagnosed with:
- a) Leukemia, cancer (other than basal cell carcinoma), lymphoma, melanoma, or tumor?
 - b) Angina, heart attack (myocardial infarction), heart disease such as heart murmur, palpitations, arrhythmia (irregular heartbeat), or other heart disorder?
 - c) Cerebrovascular accident (stroke) or transient ischemic attack (TIA or mini-stroke)?
 - d) Glomerulonephritis or connective tissue disease?
9. Other than previously declared in this application, in the past 2 years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

Part B - Lifestyle Assessment

10. In the past 2 years, have you used cannabis (such as marijuana or hashish) more than 3 times per week?
11. In the past 10 years, have you used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.
If YES, complete and attach the Drug Use Questionnaire (3887).
12. Have you ever been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?
If YES, complete and attach the Drug and Alcohol Usage Questionnaire (6559).
13. In the past 10 years, have you been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not been rendered?
If YES, complete and attach the Criminal Activity Questionnaire (5337).
14. In the past 5 years, have you been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?
If YES, complete and attach the Driving Record Questionnaire (4018).
15. In the past 2 years, have you received more than 3 tickets for moving violations, or had your license suspended or revoked?
If YES, complete and attach the Driving Record Questionnaire (4018).
16. In the past 2 years, have you engaged in any hazardous sports or activities or made aerial flights other than as a fare paying passenger or do you intend to engage in such sports, activities, or aerial flights?
If YES, complete and attach the Hazardous Sports/Activities Questionnaire (6816).
17. Have you resided outside Canada in the past 12 months, or do you expect or plan to travel or reside outside North America, the Caribbean (excluding Haiti), or Western Europe in the next 12 months?
If YES, complete and attach the Foreign Travel/Residency Questionnaire (3893).

Part C - Other Information

18. In the past 5 years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)? You don't need to tell us about health and dental insurance.

Additional question for face amount of \$500,000 or more for ages 18 to 60 and less than \$3,000,001.

Additional question for face amount of \$250,000 or more for ages 61 to 69 and less than \$3,000,001.

Additional question for face amount of \$250,000 or more for ages 70 to 80 and less than \$2,000,001.

19. Is the total amount of life insurance applied for and in force more than 20 times your annual salary?

Platinum Protection Whole Life – Simplified Issue Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	192	87	5' 6"	168	247	112	6' 2"	188	310	141
4' 11"	150	198	90	5' 7"	170	254	115	6' 3"	191	318	144
5' 0"	152	205	93	5' 8"	173	262	119	6' 4"	193	326	148
5' 1"	155	212	96	5' 9"	175	270	122	6' 5"	196	334	151
5' 2"	157	219	99	5' 10"	178	278	126	6' 6"	198	342	155
5' 3"	160	226	103	5' 11"	180	286	130	6' 7"	201	350	159
5' 4"	163	233	106	6' 0"	183	294	133	6' 8"	203	358	162
5' 5"	165	240	109	6' 1"	185	302	137	6' 9"	206	366	166

2. Are you currently:
- Admitted to a hospital?
 - Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
3. In the past 12 months, has your weight decreased by more than 9.08 kg (20 lbs) other than due to pregnancy, a bariatric surgery, intentional dieting, or exercise?
4. In the past 6 months, have you undergone a bariatric surgery?
5. Are you aware of any signs, symptoms, or abnormal medical tests for which:
(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)
- You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 - You are currently being investigated?
 - You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 - You have consulted a medical specialist without having received a diagnosis?
 - You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/outpatient surgery)?
6. Have you ever:
- Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
 - Had a pacemaker or implantable cardio-defibrillator (ICD) inserted?
7. Have you ever been diagnosed with:
- Immune System**
- AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?
- Nervous System**
- Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
- Cardiovascular System**
- Congestive heart failure?
- Gastro-Intestinal System**
- Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?
- Respiratory System**
- Cystic fibrosis?

Musculoskeletal System

- f) Muscular dystrophy?
8. Have you ever been diagnosed with diabetes (other than gestational diabetes) and ever had any of the following conditions: heart attack (myocardial infarction), angina, cerebrovascular accident (stroke), peripheral vascular/artery disease, gangrene, amputation related to complications of your diabetes (such as poor circulation or infection), hypoglycemic coma, neuropathy, or nephropathy?
9. In the past 10 years, have you:
- a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - b) Been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for cardiomyopathy or hepatitis B or C?
 - c) Required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
10. In the past 5 years, have you been diagnosed with or hospitalized for:

Nervous System and Mental Health

- a) Convulsions, epilepsy, paralysis, multiple sclerosis, or bipolar disorder?

Cardiovascular System

- b) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
- c) Cerebrovascular accident (stroke) or transient ischemic attack (TIA or mini-stroke)?
- d) Heart murmur or arrhythmia (irregular heartbeat such as atrial fibrillation/flutter, tachycardia, bradycardia, supraventricular tachycardia, ventricular fibrillation, ectopic beats)?

Gastro-Intestinal System

- e) Crohn's disease or ulcerative colitis?

Musculoskeletal System

- f) Rheumatoid arthritis?

Genitourinary System

- g) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?

11. In the past 5 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for any of the following conditions:

Immune System

- a) Scleroderma, morphea, crest syndrome, or Systemic Lupus Erythematosus (SLE)?

Nervous System and Mental Health

- b) Parkinson's disease, schizophrenia, schizoaffective disorder, or psychosis?

Cancer

- c) Leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.
- d) Spinal cord or brain tumor?

12. In the past 2 years, were you prescribed a new medication, received an increase in the dosage in your medication or discontinued a medication for arrhythmia (irregular heartbeat), rheumatoid arthritis, Crohn's disease, ulcerative colitis, epilepsy, multiple sclerosis, or bipolar disorder?
13. In the past 2 years, have you been hospitalized for chronic obstructive pulmonary disease (COPD) or emphysema?
14. In the past 12 months, have you been prescribed oral Prednisone or other oral corticosteroid for any respiratory disorder (such as asthma, pneumonia, tuberculosis, acute and chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, bronchiectasis, occupational respiratory disorder, pulmonary embolism, pulmonary sarcoidosis)? Oral Prednisone or other oral corticosteroid does not include inhalers that may contain Prednisone or another corticosteroid.

Question for insured age 50 or under ONLY

15. Do you have a biological family member (father, mother, brother, sister), who was diagnosed with Huntington's disease or polycystic kidney disease (PKD), and for which you have not been investigated for these diseases?

Part B - Lifestyle Assessment

16. In the past 3 years, have you:
- a) Used cannabis (such as marijuana or hashish) more than 10 times per week?
 - b) Used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.
 - c) Been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?
 - d) Been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not yet been rendered?
 - e) Been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?
17. Is your driver's license currently suspended or revoked as a result of any driving infractions?
18. In the next 12 months, do you expect or plan to engage in any hazardous sports or activities, or aerial flights other than as a fare paying passenger, commercial pilot, or crew member of a commercial flight?
19. In the next 12 months, do you expect or plan to travel outside North America, the Caribbean (excluding Haiti), or Western Europe for more than 12 consecutive weeks?

Golden Protection Whole Life – Simplified Issue Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	206	93	5' 6"	168	264	120	6' 2"	188	330	150
4' 11"	150	213	97	5' 7"	170	272	123	6' 3"	191	339	157
5' 0"	152	220	100	5' 8"	173	280	127	6' 4"	193	348	158
5' 1"	155	227	103	5' 9"	175	288	131	6' 5"	196	357	162
5' 2"	157	234	106	5' 10"	178	296	134	6' 6"	198	366	166
5' 3"	160	241	109	5' 11"	180	304	138	6' 7"	201	375	170
5' 4"	163	248	112	6' 0"	183	312	142	6' 8"	203	384	174
5' 5"	165	256	116	6' 1"	185	321	146	6' 9"	206	393	178

2. Are you currently:
- Admitted to a hospital?
 - Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
3. In the past 12 months, has your weight decreased by more than 9.08 kg (20 lbs) other than due to pregnancy, a bariatric surgery, intentional dieting, or exercise?
4. In the past 6 months, have you undergone a bariatric surgery?
5. Are you aware of any signs, symptoms, or abnormal medical tests for which:
(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)
- You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 - You are currently being investigated?
 - You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 - You have consulted a medical specialist without having received a diagnosis?
 - You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/outpatient surgery)?
6. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
7. Have you ever been diagnosed with:
- Immune System**
 - AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?
 - Nervous System**
 - Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - Cardiovascular System**
 - Congestive heart failure?
 - Gastro-Intestinal System**
 - Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?
 - Respiratory System**
 - Cystic fibrosis?
 - Musculoskeletal System**
 - Muscular dystrophy?

8. Have you ever been diagnosed with diabetes (other than gestational diabetes) and had any of the following conditions in the past 3 years: heart attack, angina, cerebrovascular accident (stroke), peripheral vascular/artery disease, gangrene, amputation related to complications of your diabetes (such as poor circulation or infection), hypoglycemic coma, neuropathy, or nephropathy?
9. In the past 5 years, have you:
 - a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - b) Been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for cardiomyopathy or hepatitis B or C?
 - c) Required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
10. In the past 3 years, have you been diagnosed with or hospitalized for:
Cardiovascular System
 - a) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - b) Cerebrovascular accident (stroke)?**Genitourinary System**
 - c) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
11. In the past 3 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.
12. In the past 12 months, have you been:
 - a) Hospitalized for chronic obstructive pulmonary disease (COPD) or emphysema?
 - b) Prescribed oral Prednisone or other oral corticosteroid for any respiratory disorder (such as asthma, pneumonia, tuberculosis, acute and chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, bronchiectasis, occupational respiratory disorder, pulmonary embolism, pulmonary sarcoidosis)? Oral Prednisone or other oral corticosteroid does not include inhalers that may contain Prednisone or another corticosteroid.

Part B - Lifestyle Assessment

13. In the past 2 years, have you:
 - a) Used cannabis (such as marijuana or hashish) more than 10 times per week?
 - b) Used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.
 - c) Been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?
 - d) Been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not yet been rendered?
 - e) Been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?

Silver Protection – Simplified Issue Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	236	107	5' 6"	168	303	137	6' 2"	188	379	172
4' 11"	150	244	110	5' 7"	170	312	142	6' 3"	191	389	176
5' 0"	152	252	114	5' 8"	173	321	146	6' 4"	193	399	181
5' 1"	155	260	118	5' 9"	175	330	150	6' 5"	196	409	186
5' 2"	157	268	122	5' 10"	178	339	154	6' 6"	198	419	190
5' 3"	160	276	125	5' 11"	180	349	158	6' 7"	201	429	195
5' 4"	163	285	129	6' 0"	183	359	163	6' 8"	203	439	199
5' 5"	165	294	133	6' 1"	185	369	167	6' 9"	206	449	204

2. Are you currently:
- Admitted to a hospital?
 - Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
3. Are you aware of any signs, symptoms, or abnormal medical tests for which:
(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)
- You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 - You are currently being investigated?
 - You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 - You have consulted a medical specialist without having received a diagnosis?
 - You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/outpatient surgery)?
4. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
5. Have you ever been diagnosed with:
- Immune System**
 - AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?
 - Nervous System**
 - Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - Cardiovascular System**
 - Congestive heart failure?
 - Respiratory System**
 - Cystic fibrosis?
 - Musculoskeletal System**
 - Muscular dystrophy?
6. In the past 5 years, have you:
- Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - Been diagnosed with or hospitalized for cardiomyopathy?

7. In the past 2 years, have you been diagnosed with or hospitalized for:
- Cardiovascular System**
 - a) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - b) Cerebrovascular accident (stroke)?
 - Genitourinary System**
 - c) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
8. In the past 2 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.

Part B - Lifestyle Assessment

9. In the past 12 months, have you been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?

PARTICIPATING LIFE INSURANCE

ParPlus – Underwritten Product

Part A - Medical Assessment

1. What is your height and weight?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

2. In the past 12 months, has your weight changed by more than 9.08 kg (20 lbs) other than due to pregnancy?
3. Are you aware of any signs, symptoms, or abnormal medical tests for which:
(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)
 - a) You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 - b) You are currently being investigated?
 - c) You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 - d) You have consulted a medical specialist without having received a diagnosis?
 - e) You are currently waiting for surgery?
4. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
5. Have you ever been diagnosed with:

Immune System and Infectious Disorder

- a) AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?
- b) Systemic lupus erythematosus (SLE) or any other immunological disorder (such as scleroderma, morphea, or CREST syndrome)?
- c) Infectious disorders (such as Lyme disease, sexually transmitted infections, or unexplained infections)? You don't need to tell us about uncomplicated and fully recovered COVID-19.

Nervous System

- d) Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

Cardiovascular System

- e) Cardiomyopathy or congestive heart failure?

Gastro-Intestinal System

- f) Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?

Respiratory System

- g) Cystic fibrosis?

6. In the past 10 years, have you been diagnosed with, hospitalized for, received treatments (including treatment with any prescribed medication) for, or had any known indication of:

Nervous System

- a) Convulsions, seizures, epilepsy, recurrent or severe headaches, multiple sclerosis, Parkinson's disease, tremors, memory loss, paralysis, numbness, or weakness?
- b) Disorder or injury of the brain, developmental delay, or other neurological disorder (such as autism spectrum disorder or Down's syndrome)?

Cardiovascular System

- c) Cerebrovascular accident (stroke), transient ischemic attack (TIA or mini-stroke), heart murmur, high blood pressure, abnormal cholesterol levels, palpitations, arrhythmia (irregular heartbeat such as atrial fibrillation/flutter, tachycardia, bradycardia, supraventricular tachycardia, ventricular fibrillation, ectopic beats), chest pains, angina, heart attack (myocardial infarction), heart disease or any other disorder of the heart?

Gastro-Intestinal System

- d) Disorder of the stomach (such as gastroesophageal reflux disease (GERD) or ulcer), liver, pancreas, gallbladder, or intestines (such as colon polyps, Crohn's disease, ulcerative colitis, or rectal bleeding), hepatitis B or C, or chronic diarrhea? You don't need to tell us about hemorrhoids or gallstones when the diagnosis has been confirmed by your doctor.

If YES, complete and attach the Gastro-Intestinal Questionnaire (3894).

Respiratory System

- e) Sleep apnea or respiratory or lung disorder (such as asthma, chronic obstructive pulmonary disorder (COPD), emphysema, or sarcoidosis)?

If YES, complete and attach the Respiratory Disorder Questionnaire (3907).

Musculoskeletal System

- f) Disorder or injury of the muscles, bones, back, neck, or joints (such as fibromyalgia, arthritis, osteoporosis, knee disorders, Carpal Tunnel Syndrome, or muscular dystrophy)? You need to tell us about rheumatoid arthritis if not already declared.

If YES, complete and attach the Musculoskeletal Disorder Questionnaire (5449).

Genitourinary System

- g) Disorder of the kidneys (such as stones, chronic kidney disease, polycystic kidney disease (PKD), or glomerulonephritis), ureter, bladder (such as stones, blood in urine, or abnormal urinalysis), prostate, or genital or reproductive organs? You don't need to tell us about uncomplicated urinary tract infection when the diagnosis has been confirmed by your doctor.

Tumor and Cancer

- h) Leukemia, cancer, lymphoma, melanoma, tumor, cyst, lump, nodule, or any other abnormal cells or growth? If not previously declared in this application, you need to tell us about any abnormal breast lump or cyst, abnormal breast discharge or change in appearance, abnormal breast imaging, or abnormal PAP test.

Endocrine System

- i) Diabetes, pre-diabetes, impaired glucose tolerance, or disorder of the glands, the endocrine system, or the lymph nodes? You don't need to tell us about controlled hypothyroidism.

Mental Health

- j) Adjustment disorder, anxiety, depression, bipolar disorder, post-traumatic stress disorder, schizophrenia, eating disorder, attention deficit disorder, chronic fatigue, or suicidal thoughts or attempts, or any other psychological, emotional, or mental health disorder?

If YES, complete and attach the Psychological or Nervous Disorder Questionnaire (3900).

Circulatory System

- k) Disorder of the blood vessel (such as peripheral vascular disease or aneurysm) or blood (such as blood clot, anemia, or bleeding disorder)?

Eyes, Ears, Nose, Throat, and Skin

- l) Disorder of the eyes (such as optic neuritis, blindness, or glaucoma and other than corrective lenses), ears (such as deafness or partial deafness), nose, mouth, throat, or skin? You don't need to tell us about acne or eczema.

Question for insured age 50 or under ONLY

7. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: diabetes, cancer, stroke, heart disease, Huntington's disease, polycystic kidney disease (PKD), Alzheimer's, motor neuron disease, Parkinson disease, or any hereditary disease?

Additional questions for face amount of \$500,000 or more for ages 18 to 45 and less than \$2,000,001.

Additional questions for face amount of \$250,000 or more for ages 46 to 50 and less than \$1,000,000.

Additional questions for face amount of \$250,000 or more for ages 51 to 55 and less than \$500,000.

Additional questions for face amount of \$250,000 or more for ages 56 to 60 and less than \$300,001.

8. Other than previously declared in this application, have you ever been diagnosed with:
- a) Leukemia, cancer (other than basal cell carcinoma), lymphoma, melanoma, or tumor?
 - b) Angina, heart attack (myocardial infarction), heart disease such as heart murmur, palpitations, arrhythmia (irregular heartbeat), or other heart disorder?
 - c) Cerebrovascular accident (stroke) or transient ischemic attack (TIA or mini-stroke)?
 - d) Glomerulonephritis or connective tissue disease?
9. Other than previously declared in this application, in the past 2 years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

Part B - Lifestyle Assessment

10. In the past 2 years, have you used cannabis (such as marijuana or hashish) more than 3 times per week?
11. In the past 10 years, have you used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.
If YES, complete and attach the Drug Use Questionnaire (3887).
12. Have you ever been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?
If YES, complete and attach the Drug and Alcohol Usage Questionnaire (6559).
13. In the past 10 years, have you been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not been rendered?
If YES, complete and attach the Criminal Activity Questionnaire (5337).
14. In the past 5 years, have you been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?
If YES, complete and attach the Driving Record Questionnaire (4018).
15. In the past 2 years, have you received more than 3 tickets for moving violations, or had your license suspended or revoked?
If YES, complete and attach the Driving Record Questionnaire (4018).
16. In the past 2 years, have you engaged in any hazardous sports or activities or made aerial flights other than as a fare paying passenger or do you intend to engage in such sports, activities, or aerial flights?
If YES, complete and attach the Hazardous Sports/Activities Questionnaire (6816).
17. Have you resided outside Canada in the past 12 months, or do you expect or plan to travel or reside outside North America, the Caribbean (excluding Haiti), or Western Europe in the next 12 months?
If YES, complete and attach the Foreign Travel/Residency Questionnaire (3893).

Part C - Other Information

18. In the past 5 years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)? You don't need to tell us about health and dental insurance.

Additional question for face amount of \$500,000 or more for ages 18 to 60 and less than \$3,000,001.

Additional question for face amount of \$250,000 or more for ages 61 to 69 and less than \$3,000,001.

Additional question for face amount of \$250,000 or more for ages 70 to 80 and less than \$2,000,001.

19. Is the total amount of life insurance applied for and in force more than 20 times your annual salary?

ParPlus Junior – Underwritten Product

1. In the past five (5) years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. In the past ten (10) years, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - a) Cancer or tumor?
 - b) Convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson's disease, muscular dystrophy, Huntington's disease, Alzheimer's disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - c) Heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - d) Sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas or intestines, including hepatitis B or C, or chronic diarrhea?
 - e) Disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted infections?
 - f) Disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - g) Diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any signs or symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician and/or a specialist without having received a diagnosis?
4. In the past five (5) years, have you been convicted of impaired driving?
If YES, complete and attach the Driving Record Questionnaire (4018).
5. In the past five (5) years, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?
If YES, complete and attach the Criminal Activity Questionnaire (5337).
6. In the past five (5) years, have you used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or have you received advice or treatment for alcohol or drug abuse?
If YES, complete and attach the Drug and Alcohol Usage Questionnaire (6559).
7. In the past five (5) years, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery or pregnancy?
8. In the past two (2) years, have you received more than three (3) tickets for moving violations?
If YES, complete and attach the Driving Record Questionnaire (4018).
9. In the past two (2) years, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights?
If YES, complete and attach the Hazardous Sports/Activities Questionnaire (6816).
10. Have you resided outside Canada in the past twelve (12) months or do you expect or plan to travel outside North America, the Caribbean, or Western Europe in the next twelve (12) months?
If YES, specify the country, date, duration and, if applicable, purpose of travel or complete and attach the Foreign Travel/Residency Questionnaire (3893).
11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that required hospitalization or who committed suicide?

12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington's disease, polycystic kidney disease or any hereditary disease other than those listed in question 11?
13. Has your weight decreased by more than 10% in the past year?
If YES, state your current height and weight, your weight a year ago, the loss and the reason.
14. Does your weight exceed the weight corresponding to your height in the following table?

Current Age: 15 days to 23 months

Age in months	Height				Weight				Age in months	Height				Weight			
	in		cm		lb		kg			in		cm		lb		kg	
	Min	Max	Min	Max	Min	Max	Min	Max		Min	Max	Min	Max	Min	Max	Min	Max
15 days - 1 mth	19	24	48	61	5	14	2	6	9 - 11	24	35	64	89	13	32	6	15
2	20	26	51	66	6	17	3	8	12 - 14	26	37	66	94	14	35	6	16
3	21	28	53	71	8	20	4	9	15 - 17	27	38	69	97	16	38	7	17
4	22	29	56	74	9	22	4	10	18 - 20	28	40	71	102	18	44	8	20
5	23	31	58	79	10	25	5	11	21 - 23	29	42	74	107	19	50	9	23
6 - 8	23	33	61	84	11	29	5	13									

Current Age: 2 to 4 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
2' 6"	76	19	39	9	18	3' 1"	94	25	56	11	25
2' 7"	79	19	41	9	19	3' 2"	97	26	59	12	27
2' 8"	81	20	43	9	20	3' 3"	99	27	62	12	28
2' 9"	84	20	45	9	20	3' 4"	102	29	65	13	30
2' 10"	86	21	47	10	21	3' 5"	104	30	67	14	30
2' 11"	89	22	50	10	23	3' 6"	107	31	69	14	31
3' 0"	91	24	53	11	24	3' 7"	109	32	71	15	32

Current Age: 5 to 8 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
3' 2"	97	27	60	12	27	4' 0"	122	46	92	21	42
3' 3"	99	29	63	13	29	4' 1"	124	48	95	22	43
3' 4"	102	30	66	14	30	4' 2"	127	50	99	23	45
3' 5"	104	32	69	15	31	4' 3"	130	52	102	24	46
3' 6"	107	34	73	15	33	4' 4"	132	54	106	25	48
3' 7"	109	36	76	16	35	4' 5"	135	56	109	25	49
3' 8"	112	38	79	17	36	4' 6"	137	58	113	26	51
3' 9"	114	40	82	18	37	4' 7"	140	60	116	27	53
3' 10"	117	42	85	19	39	4' 8"	142	62	120	28	54
3' 11"	119	44	89	20	40						

Current Age: 9 to 11 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
3' 8"	112	35	77	16	35	4' 6"	137	60	118	27	54
3' 9"	114	37	81	17	37	4' 7"	140	62	123	28	56
3' 10"	117	40	85	18	39	4' 8"	142	65	127	30	58
3' 11"	119	42	89	19	40	4' 9"	145	67	131	30	59
4' 0"	122	45	93	20	42	4' 10"	147	70	135	32	61
4' 1"	124	47	97	21	44	4' 11"	150	72	139	33	63
4' 2"	127	50	102	23	46	5' 0"	152	75	144	34	65
4' 3"	130	52	106	24	48	5' 1"	155	77	148	35	67
4' 4"	132	55	110	25	50	5' 2"	157	80	152	36	69
4' 5"	135	57	114	26	52	5' 3"	160	83	157	38	71

Current Age: 12 to 14 years of age

Height		Weight				Height		Weight			
ft/in	cm	lb		kg		ft/in	cm	lb		kg	
		Min	Max	Min	Max			Min	Max	Min	Max
4' 4"	132	54	112	25	51	5' 3"	160	87	167	39	76
4' 5"	135	57	117	26	53	5' 4"	163	91	172	41	78
4' 6"	137	60	122	27	55	5' 5"	165	94	177	43	80
4' 7"	140	63	127	29	58	5' 6"	168	97	183	44	83
4' 8"	142	66	132	30	60	5' 7"	170	100	188	45	85
4' 9"	145	69	137	31	62	5' 8"	173	103	193	47	88
4' 10"	147	72	142	33	64	5' 9"	175	106	198	48	90
4' 11"	150	75	147	34	67	5' 10"	178	109	203	49	92
5' 0"	152	78	152	35	69	5' 11"	180	113	208	51	94
5' 1"	155	81	157	37	71	6' 0"	183	117	213	53	97
5' 2"	157	84	162	38	74	6' 1"	185	120	219	54	99

Current Age: 15 years of age and more

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

15. In regard to the Proposed Insured, has a parent or brother or sister aged 17 years or less requested life insurance or is any of them insured for a lesser amount than the amount requested in this application?

If YES, specify the family member, the amount of insurance in force or proposed amount, and the reason.

16. Does the Proposed Insured live with a person other than a biological or adoptive parent?

If YES, specify.

Additional question for face amount of \$250,000 or more for life insurance

17. Do you have any life insurance in force for an amount exceeding \$100,000?

LIVING BENEFITS

Critical Protection – Underwritten Product

1. In the past five (5) years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. In the past ten (10) years, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - a) Cancer or tumor?
 - b) Convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson's disease, muscular dystrophy, Huntington's disease, Alzheimer's disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - c) Heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - d) Sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas, or intestines, including hepatitis B or C, or chronic diarrhea?
 - e) Disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted infections?
 - f) Disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - g) Diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any signs or symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician and/or a specialist without having received a diagnosis?
4. In the past five (5) years, have you been convicted of impaired driving?
If YES, complete and attach the Driving Record Questionnaire (4018).
5. In the past five (5) years, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?
If YES, complete and attach the Criminal Activity Questionnaire (5337).
6. In the past five (5) years, have you used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or have you received advice or treatment for alcohol or drug abuse?
If YES, complete and attach the Drug and Alcohol Usage Questionnaire (6559).
7. In the past five (5) years, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery or pregnancy?
8. In the past two (2) years, have you received more than three (3) tickets for moving violations?
If YES, complete and attach the Driving Record Questionnaire (4018).
9. In the past two (2) years, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights?
If YES, complete and attach the Hazardous Sports/Activities Questionnaire (6816).
10. Have you resided outside Canada in the past twelve (12) months or do you expect or plan to travel outside North America, the Caribbean, or Western Europe in the next twelve (12) months?
If YES, specify the country, date, duration and, if applicable, purpose of travel or complete and attach the Foreign Travel/Residency Questionnaire (3893).

11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that required hospitalization or who committed suicide?
12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington’s disease, polycystic kidney disease or any hereditary disease other than those listed in question 11?
13. Has your weight changed by more than 9.08 kg (20 lbs) in the past year?
If YES, state your current height and weight, your weight a year ago, the loss or gain and the reason.
14. Does your weight exceed the weight corresponding to your height in the following table?

Height		Weight		Height		Weight		Height		Weight	
ft/in	cm	lb	kg	ft/in	cm	lb	kg	ft/in	cm	lb	kg
4’ 10”	147	158	72	5’ 6”	168	205	93	6’ 2”	188	256	116
4’ 11”	150	163	74	5’ 7”	170	210	95	6’ 3”	191	264	120
5’ 0”	152	169	77	5’ 8”	173	216	98	6’ 4”	193	271	123
5’ 1”	155	174	79	5’ 9”	175	224	102	6’ 5”	196	277	126
5’ 2”	157	182	83	5’ 10”	178	229	104	6’ 6”	198	285	129
5’ 3”	160	188	85	5’ 11”	180	235	107	6’ 7”	201	293	133
5’ 4”	163	193	88	6’ 0”	183	242	110	6’ 8”	203	299	136
5’ 5”	165	198	90	6’ 1”	185	250	114	6’ 9”	206	308	140

15. Have you ever been tested for, received treatments for, or had any known indication of:
 - a) Cancer, leukemia, lymphoma, tumour, cyst, nodule, or any abnormal growth?
 - b) Hepatitis B or C, or colon polyps?
 - c) Any breast disorder or abnormal breast discharge or change in appearance (other than surgery for cosmetic reasons)?
 - d) Transient ischemic attack (TIA)?
16. Other than previously declared, in the past two (2) years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

Disability Income (based on loans or on employment income) – Underwritten Product

1. Are you currently working?
 - a) *If 'No' to previous question:* Are you currently on a parental leave?
2. Are you working (or worked prior your parental leave, if applicable) at least twenty (20) hours per week?
3. Are you working (or worked prior your parental leave, if applicable) at least eight (8) months per year?
4. In the past three (3) years, have you:
 - a) Been absent from work due to injury or illness for more than thirty (30) consecutive days?
 - b) Applied for or received a disability benefit or compensation due to injury, illness or disability?
 - c) Consulted or received any treatment from a physiotherapist, massage therapist, chiropractor or acupuncturist?

Waiver of Premium upon Death and upon Disability

On a FlexTerm, Non-Participating Whole Life, or ParPlus

- If the owner or payer, other than a proposed insured, requests a waiver of premium, he must answer the product declaration of insurability as well as the additional waiver of premium questions below.
- If one of the proposed insured requests a waiver of premium, he must answer the additional waiver of premium question below.

On a Youth Plus or ParPlus Junior, if the owner or payer requests a waiver of premium, he must answer all questions for the current FlexTerm, Non-Participating Whole Life, ParPlus products as well as the additional waiver of premium questions below.

Waiver of Premium questions:

In the past three (3) years, have you:

- a) Been absent from work due to injury or illness for more than thirty (30) consecutive days?
- b) Applied for or received a disability benefit or compensation due to injury, illness, or disability?
- c) Consulted or received any treatment from a physiotherapist, massage therapist, chiropractor, or acupuncturist?